

DEPARTMENT REPORT

MAY, 2016

DIRECTOR'S OFFICE

The Lincoln District Dental Association nominated Katie Garcia, DDS, for appointment to the Board of Health. The appointment was approved by the Lincoln City Council and Lancaster County Board of Commissioners.

The Health Department hosted the Friends of Public Health Annual Retreat on May 17, 2016.

The Health Director attended the Community Health Endowment Board of Trustees Meeting, Tabitha Foundation Board of Directors Meeting and Lancaster County Management Team Meeting.

The Health Director continues to serve on the UNMC College of Public Health Community Based Health Transformation Workgroup and the College of Public Health Panel of Advisors.

The Health Director attended the Lincoln Community Foundation's Collective Impact/Community Funding Meeting.

Mayor Beutler honored the City Service Year Employees at a breakfast on May 27, 2016. Service Year Employees. Health Department employees receiving recognition for their years of service were:

40 Years – Brenda Monroe & Doug Smith

35 Years – Steve Beal, Joyce Endres & Randy Sipp

30 Years – Harry LeDuc & Barbara Martinez

25 Years – Marjorie Determan & Marcia Huenink

20 Years – James Bare & Phillip Rooney

15 Years – Jane Bitney, Lucy Blood, Janette Johnson, Mark Kenne, Beth Mann & Betsy Resch

10 Years – Bobbi Beat, Shelli Buhr, Megan Davison, Gina Egenberger, Lesley Hammerschmidt, Kathy King, Maritza Leon & James Newman

Employee of the Month – Jennifer Lantz – Community Health Services Division

ANIMAL CONTROL

Animal Control Stats

	Sep 13- Apr 14	Sep 14- Apr 15	Sep 15- Apr 16
Pet Licenses Sold	42085	42743	44176
Cases Dispatched	14482	15373	15615
Investigation	15683	16852	17332
Animals Impounded			
Dogs	951	1044	804
Cats	781	811	841
Court Citations Issued	264	223	275
Warnings/Defects Issued	10119	11067	11349
Bite Cases Reported	275	306	328
Attack Cases Reported	31	34	27
Dogs Declared Pot. Dangerous	45	43	52
Dangerous Dogs	8	15	19
Animal Neglect Investigations	394	350	362
Injured Animal Rescue	394	475	483
Wildlife Removal	227	271	314
Dead Animal Pickup	1035	1204	1280
Lost and Found Reports	1365	1434	1447
Phone Calls	28918	28758	33138
Average Response Time (in mins)	21	22	19

Officers took 44 cats, 1 rabbit, 13 spiders, 3 finches and 2 fish out of the home of Autumn Rupert on May 16, 2016. Officers had to wear protective clothing and respirators to operate in the home. The owner was cited for Animal Neglect, License Required-Cat, Rabies Vaccination Required-Cat, Sanitation Regulations-Cat, and Failure To Remove Dead Animals.

On May 21, 2016 Animal Control Officers removed three adult cats and five kittens and one dog from a home at 830 B Street after the home was destroyed by a natural gas explosion.

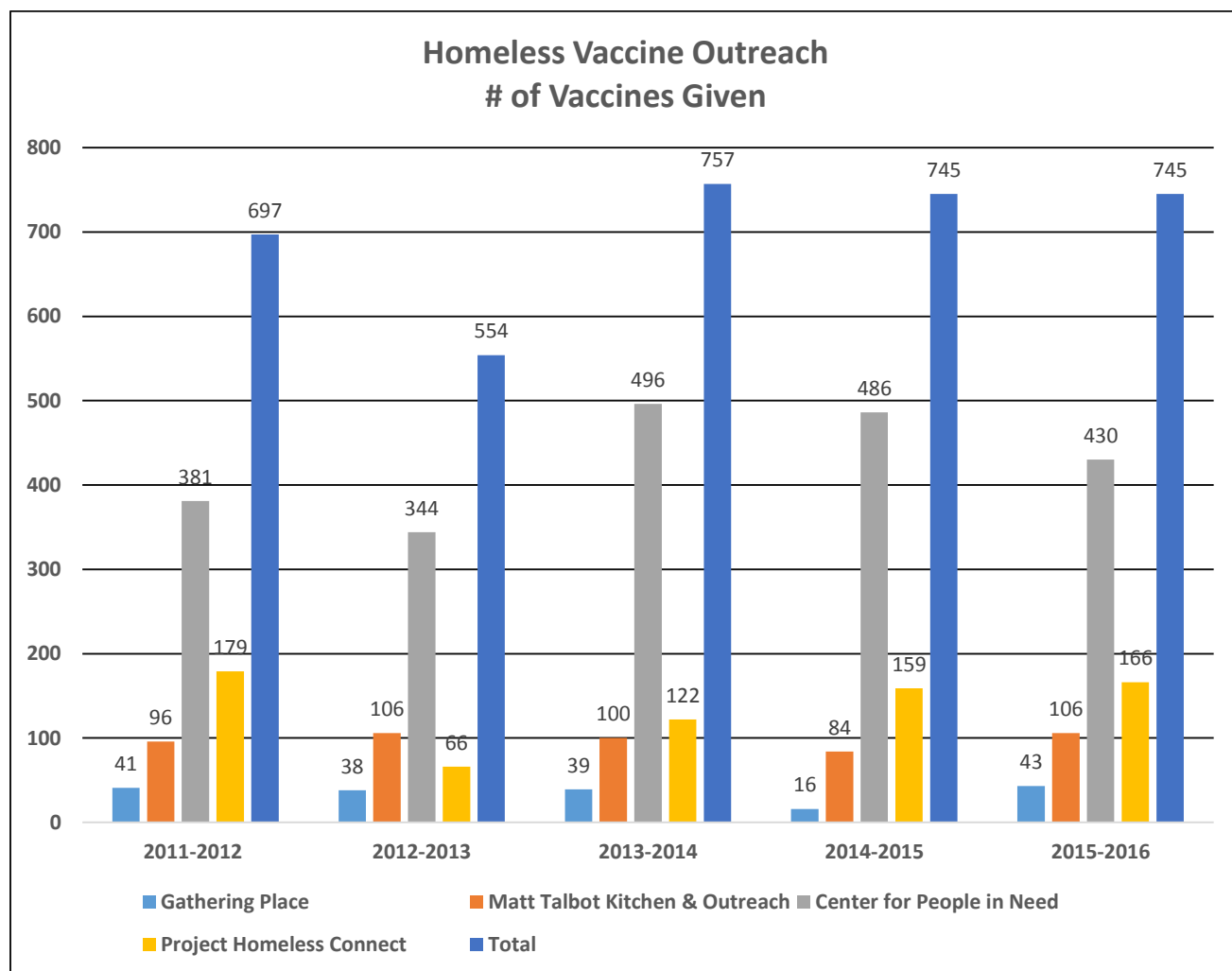
Pet license sales remain strong and currently we anticipate a continued increase in license sales from last fiscal year and the prior year.

Public calls regarding animal related questions, comments and reports have increased for the first 8 months of the current fiscal year. Animal has received 33,138 calls from the public.

Animal Control continues to promote spay neuter assistance to low income pet owners. The amount of reimbursement was recently increased. The program is promoted with all the local veterinarians in Lincoln. We hope to increase our outreach of this program to more pet owners.

COMMUNITY HEALTH SERVICES

Homeless Vaccine Outreach



This chart highlights the work of nurses and support staff in our efforts to protect poor & uninsured adults who are served by local homeless agencies from vaccine-preventable disease. Data is from September 1 through March 31 of a given year, over the last 5 years. This time period was chosen for our outreach efforts as we typically see more interest in vaccination due to seasonal flu vaccine availability. We do, however, offer a broader array of vaccines including;

Hepatitis B, Hepatitis A, Influenza (Seasonal Flu Virus), Pneumococcal, Tdap (Tetanus, Diphtheria, & Acellular Pertussis/Whooping Cough), and Zoster (Herpes Zoster causing Shingles). The average age of patients served by these efforts has increased over the 5 years, represented in the chart, from 43 to 48 years of age. All vaccines are obtained free of charge to LLCHD through the Adult Immunization Program of the federal Vaccine for Children Program. Eligible patients are not charged for this service and, due to living conditions, are some of the most vulnerable patients we serve in the community. Thank you to Ruth Shubert, Marj Determan, Kim Rettig, Jane Bitney, Bernice Afuh, Brenda Monroe and Jeff Krotz for your efforts!

HPV Vaccination Survey of Local Health Care Providers

In March 2016, a survey was mailed to each licensed clinician living in Lancaster County to ask about their practices regarding the vaccine to prevent human papillomavirus (HPV). HPV is a very common virus that infects epithelial tissue. Approximately 40 types of the virus infect mucosal epithelial cells on the genitals, and in the mouth and throat. Although most HPV infections are asymptomatic and resolve spontaneously or become undetectable, some HPV infections can persist and lead to cancer. Persistent infections with high-risk HPV types can cause cancers of the anus, cervix, penis, vulva, vagina, and the oropharynx (back of the throat including the tongue and tonsils). According to the CDC, HPV is so common that almost everyone who is sexually active in America will be infected with it at some point in their lives. The CDC estimates that 79 million Americans are infected with HPV, most new infections occurring in teens and young adults.

HPV vaccine is a cancer prevention tool that is most likely to be utilized when clinicians effectively communicate its benefit to parents/guardians. Since the vaccine was introduced in 2006 in the United States, vaccine-type HPV prevalence decreased by 56% among adolescent females (The Journal of Infectious Diseases, 2013; 208:385-93). The CDC recommends that clinicians offer HPV vaccination for girls and boys at ages 11 or 12, by offering it in the same way and the same day as they routinely recommend other vaccines for adolescents. The best time to vaccinate is before exposure is likely to occur.

Four hundred sixty nine (469) surveys were mailed. Seventy four (74) surveys were returned. Most clinicians completing the survey identified themselves as physicians, followed by advanced practice registered nurses, and physician assistants. The most common practice area for respondents was family practice, followed by pediatrics, women's health, and urgent care respectively. Survey questions were asked and answered in the following way:

- 1) Do you utilize our state's vaccine registry, the Nebraska State Immunization Information System? No – 50%, Yes, for look up & to enter patient data – 29%, Yes, for look up only – 21%.
- 2) Do you participate in the Vaccine for Children program? No – 49%, Yes, children only – 47%, Yes, Children & Adults – 4%.
- 3) Do you provide HPV vaccine to adolescents? Yes – 79%, No – 21%.
- 4) Do you emphasize giving HPV vaccine at particular ages? Yes – 80%, No – 20%.
- 5) Do you encounter parental reluctance in giving the HPV vaccine? Yes – 83%, No – 17%.

- 6) If yes, please circle the top 3 concerns parents/guardians share with you:
- #1: My child is too young for the vaccine.
 - #2: Uninformed, disbelief, or no concern about HPV causing cancer and genital warts.
 - #3: Concern about side effects, and/or future fertility.
 - #4: Giving the vaccine *encourages* sexual activity.
 - #4: The vaccine is not safe.
 - #5: Boys don't need it.
 - #6: Other: "Insurance coverage, My child will not get exposed, My child not high risk, Not wanting to think about sexual activity in 11-12 years even in the vague distant future, None of the above-overall poor societal education & anger at the assumption that all are at risk."
 - #7: The vaccine is ineffective.
- 7) Do you feel confident in your skills to respond accurately to parental concerns that may lead to refusal of the HPV vaccine? Yes, very confident - 74%, Yes, somewhat confident – 23%, No, not confident - 3%.
- 8) From the statements below, please circle the answer(s) that best describes your approach to HPV vaccination:
- #1: I recommend the vaccine for adolescent males and females. 66%
 - #2: When parents/guardians are reluctant, I encourage vaccination of the child at an older age (i.e. older than the recommended 11 -12 years of age). 13%
 - #3: I share that children in my own family were vaccinated. 11%
 - #4: I recommend the vaccine for adolescent females only. 4%
 - #5: I do not specifically recommend the vaccine, but I offer it as an option. 3%
 - #6: I recommend the vaccine, but I have some reservations about it. 2%

According to CDC studies, the most effective way for clinicians to recommend the vaccine is to share that children in his/her own family have been vaccinated. Again, the message that the HPV vaccine is a cancer prevention tool, is a very effective method to encourage protection. A special thank you to Jeff Krotz and Ann King for organizing this large mailing and to Jeff again, for organizing the data as surveys were returned to LLCHD!

DENTAL HEALTH & NUTRITION

WIC

Caseload (Participation)

Total	3834
Main	2918
Cornhusker Clinic	916
%Enrolled with Benefits	85.71%

	LLCHD	State of Nebraska
Total Women	933 (24.3%)	8475(22.8%)
Total Children	2027 (52.8%)	19738 (53.1%)
Total Infants	874 (22.7%)	8930 (24.0%)
Infants Receiving Breastmilk	287 (32.8%)	2648 (29.6%)
Infants Exclusive Breastmilk	110 (12.5%)	1034 (11.5%)

Mentoring:

(Number and school)

Students	Doane Undergraduate-1 UNL-Graduate Student-1
Interns	
Volunteers	
LMEP Residents	

Our April caseload was 3834 participants. This was our highest number of participants seen in April since 2010. Our current fiscal year average is 3784 participants per month. We have seen a 7.25% increase in participation in the last seven months, at our newly renovated clinic space at 27th and Cornhusker.

Dental Health

Dental Clinical Services:

- Total number of clients served (unduplicated count): 525
- Total number of patient encounters (duplicated client count): 736
- Total number of patient visits (duplicated provider appointments/visits): 1020
- Total number of Racial/Ethnic and White Non-English speaking patients: 438 (83%)
- Total number of children served: 345 (66%)
- Total number of clients enrolled in Medicaid: 379 (72%)
- Number of clients served during Thursday evening hours (unduplicated count): 57
- Number of patient encounters during Thursday evening hours (duplicated client count): 59
- Number of patient visits during Thursday evening hours (duplicated provider appointments/visits):

ENVIRONMENTAL PUBLIC HEALTH

Food Safety Goals:

Protect human health by reducing the risk of foodborne illness.

Methods/Strategies (What we do):

- conduct uniform inspections of food establishments

- conduct new and remodeled facility plan review
- issue permits, collect fees
- provide compliance and foodborne illness prevention assistance
- investigate complaints and foodborne illness outbreaks
- take enforcement actions (NOVs, FENs, Court cases)
- provide food handler training in safe food preparation, hygiene, and sanitization

Indicators:

Maintain number of food safety complaints at less than 325 per year and food-borne illness reports at less than 50 per year. **(Note: staff have recommended that the foodborne illness indicator be changed to 75 per year.)**

Inspect 95% of food establishments within established risk based intervals.

Decrease the average number of critical item violations by 5%.

Decrease the average number of regular violations by 5%.

Obtain compliance with all nine FDA Retail Food Regulatory Program Standards.

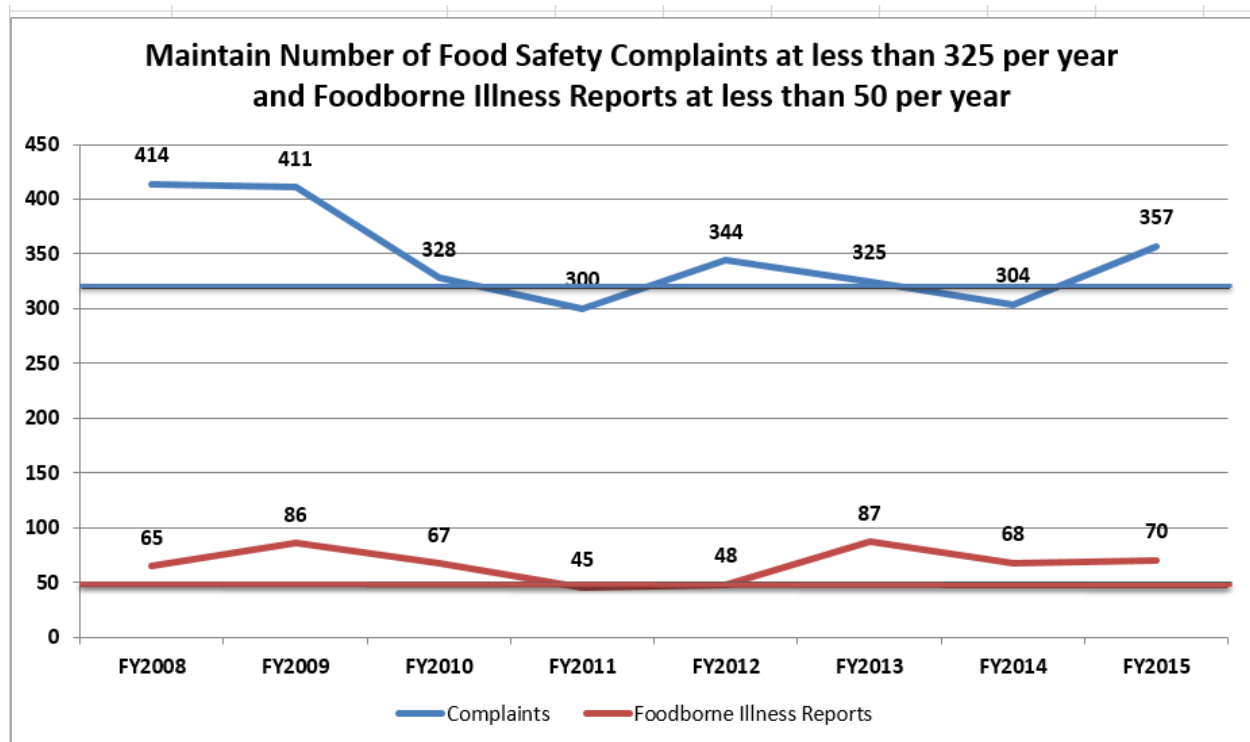
Funding/Source:

In FY15, the direct costs of the Food Safety Program, including program supervision, was 85.4% fee and grant funded.

Comparison and Status on Indicators:

Complaints:

See Mayor's Indicator chart below on complaints. In FY15, 357 complaints on food establishments were received, including 70 potential foodborne illness complaints. (2)



The numbers of complaints received on food establishments had been trending down the previous three years, but increased in FY15. The number of foodborne complaints has fluctuated more, but is within a normal range. The number of complaints, especially on foodborne illness, is driven not only by local issues, such as a Norovirus outbreaks, but by highly publicized national foodborne outbreaks of Listeria, E. coli, Salmonella and Cyclospora.

Percent of Inspections Completed Within Risk Based Intervals:

Staff completed 83% of food inspections within risk-based intervals. While we did not meet our “stretch” goal of 95% within risk based intervals, this is the highest percent completion rate we have had for many years. And, it is important to note that 98% of food inspections were completed before or within 30 days of their risk based interval. In FY14, 80% of inspections were completed within the risk based interval. In FY13, 59% of inspections were completed within the risk based intervals. In FY13, the Food Safety Program was short one staff person for several months, greatly impacting our ability to keep up with inspections. Once hired, the new person had to be trained per FDA Standards. It takes considerable time before a newly hired person can conduct independent inspections. (3)



Violations Found During Inspections:

The average number of critical item violations in food establishments (restaurants) has remained stable, averaging around 2.25 per regular inspection. The average number of non-critical item violations has decreased from 7.75 to 6.35 per regular inspection over the last five years. (4)

Average Number of Violations Found per Year for Food Establishments (Type 01A) During Regular Inspections						
Fiscal Year	FY10	FY11	FY12	FY13	FY14	FY15
Critical Item Violation	2.28	2.20	2.29	2.24	2.15	2.36
Non-Critical Item Violation	7.75	6.83	6.57	6.21	5.38	6.35

FDA Program Standards:

LLCHD continues to implement FDA’s Voluntary National Retail Food Regulatory Program Standards and meets seven of nine standards. This quality assurance program ensures overall program excellence in

inspections, foodborne illness response, training, and community interactions. A separate report is typically presented annually to the Board of Health on the FDA Standards.

Description:

The LLCHD Food Safety Program was recognized as the winner of the 2015 Samuel J. Crumbine Consumer Protection Award. The award was presented to LLCHD by the National Environmental Health Association's, the National Association of County and City Health Officials, and the U.S. Conference for Food Protection.



The Samuel J. Crumbine Consumer Protection Award is a prestigious award given annually by the Conference for Food Protection to a local health department that demonstrates unsurpassed achievement in providing outstanding food protection services to their community. The purpose of the award is to encourage innovative programs and methods that reduce or eliminate the occurrence of foodborne illnesses, recognize the importance of food protection at the local level and stimulate public interest in foodservice sanitation. As a Crumbine Award winner, LLCHD joins an elite group of local public health agencies that have demonstrated excellence in food protection through innovative, effective strategies and

approaches to protecting communities from foodborne illness.

To meet the goal of protecting human health by reducing the risk of foodborne illness, the Food Safety Program issues permits, conducts inspections, educates food handlers works with the Food Advisory Committee, and takes enforcement actions when necessary. In FY15, the Food Safety Program permitted 1,276 food establishments in Lancaster County, including restaurants, grocery stores, temporary booths, events and farmers' markets and as of October 30, 2015 there were 1,384 food establishments in "active" status.(5) In April, 1,114 annual permit renewals were sent out, 49 more (about 5% more) than the previous year.(6)

Inspection intervals are risk based and range from one to three times per year. Staff performed 2,899 inspections. (7) About 14% of inspections (410) resulted in Notices of Violation being issued, with the majority for lack of compliance with Food Handler Permits. (8) Stronger enforcement action, the Food Enforcement Notice (FEN) is taken when violations pose an imminent risk to the public's health. About 3% of inspections (105) resulted in a FEN, which were issued for serious or repeat higher risk food code violations. (8) This is about average for any given year. Each food establishment that receives and FEN is required to complete a plan of action on how to prevent such violations in the future. In addition, more frequent inspections are conducted at these facilities to ensure safe food preparation. Administrative meetings are also held in situations where repeat enforcement actions have not resulted in improved sanitation and food safety. In these cases, consultative assistance is offered or required to address the highest risk violations. Two food establishment permits were suspended based on significant risk to public health.

The inspection findings for all food establishments are available to the public on the Internet. The easiest way to find the website is to search “Lincoln food inspections” with your favorite browser.

<http://lincoln.ne.gov/city/health/enviro/food-inspections/>
LLCHD’s unique Inspection Rating dial quickly shows how a food establishment compares to similar facilities in Lincoln.



Food Handler and Food Manager Permits

All food establishment employees must have food handler permits and each establishment must have a Food Manager in charge of the operation. Training food managers and food handlers in safe food handling practices, hygiene, and sanitization is critical to preventing foodborne illnesses in our community. 14,010 Food Handler and Food Manager Permits were issued. (9)



Food Managers received continuing education through our Food Manager classes taught by LLCHD staff. Food handler training and permits are available both on-line through an interactive training program developed with UNL and via in-person classes. The vast majority of the food handler permits were obtained on-line. Food Handler classes are offered at least once per week and Spanish classes are offered at least once per month.

FDA Grants – INFUSE - Food Safety Consultation

Funded by FDA grants, LLCHD provides food safety consultation to poorer performing food establishments to help them adopt active managerial controls to address the highest risk food code violations. Retail Food Safety Consultant Intensive On-site Intervention involved:

- 140 technical assistance and consultation visits.
- 14 food establishments went through the Active Managerial Control based intervention and implemented 30 AMC tools in their regular establishment policy and practice.
- Contact was initiated with an additional 16 establishments (10)





The Food Safety Consultant worked with the Food Managers for Excellence Taskforce to identify one of the “5 Key Food Safety Risk Factors” they believed most needed to change in order to improve food safety in Lincoln. They selected improving hand washing in food establishments to reduce risk factor violations for poor personal hygiene. The “**TAKE 20! WASH YOUR HANDS**” pilot project, a community behavior change effort, will be launched in several restaurants in 2016.

The Food Safety Program also received three separate smaller grants from the Association of Food and Drug Officials/FDA specifically to: update our InspecTab software for conducting electronic food inspections, staff training, and completing a self-assessment of FDA Retail Program Standard #6 Compliance and Enforcement. InspecTab was updated and staff have been using the new program for several months. In addition to many upgrades, LLCHD adopted FDA’s updated terminology for violations: Priority, Priority Foundation, and Core replacing the historic Critical and Non-Critical. While we are still warming up to naming scheme, we strongly supported the need for more than two categories of violations. Staff attended FDA training on risk based inspections. We completed the self-assessment for Standard #6 and determined that we did not meet this standard at this time. Specific changes in monitoring enforcement actions have been made and we are now in substantial compliance with Standard #6.

FY15 was a stellar year for the LLCHD Food Safety Program!

HEALTH DATA & EVALUATION

This has been a very active time for exercises. Randy Fischer, Public Health Emergency Response Coordinator, facilitated tree Ebola tabletop exercises with the other local health departments in Southeast Nebraska as part of a grant requirement. The feedback from all of the exercises has been positive and although the scenario was Ebola, the exercises helped prepare the hospitals, EMS staff, and other participants for other infectious diseases they might encounter. In addition to Randy, Tim Timmons served as a subject matter expert at the exercise in Plymouth, NE (Public Health Solutions district) and the Nebraska Public Health Laboratory also provided one of their staff members as a subject matter expert for the exercises.

Randy Fischer is also working with members of the Lancaster County Healthcare Coalition to conduct a full-scale Ebola exercise on July 12th. More information about the exercise will be provided next month.

Randy and Gina Egenberger, Childcare Health Consultant (EPH), have been following up with the needs of childcare centers to be prepared for emergency events they might have to address. Much of the consultation is a follow-up to issues raised at the active shooter exercise that was conducted in April.

The after-action reports (AAR) for all exercises with improvement plans are available.

Staff in the HDE Division are busy assembling the information needed for documentation related to the PHAB accreditation standards and measures. The process has been helpful in pointing out areas where we need to improve processes and take the time to write down protocols and processes that we have been following for years.

We are through monitoring flu cases in Lincoln and Lancaster County for this year and will pick it up in the late summer with the start of school. As summer has arrived the types of cases we see changes to food- and water-borne diseases (e.g., campylobacter, cryptosporidiosis, and salmonellosis) due to people being more active, grilling and picnicking. Of course, there's the ever present norovirus cases also. This is also the time when we see more bat exposures and tick- and mosquito-borne cases. In order to reduce the chances of a summer illness, we stress prevention (i.e., proper food prep and handling, hand hygiene, insect repellents, dumping standing water, checking for ticks, etc.) Let's hope we all make it through the summer without becoming sick. Zika cases contracted elsewhere will likely be an additional issue this summer, but the mosquitoes in Nebraska will not transmit the virus here.

HEALTH PROMOTION & OUTREACH

Chronic Disease Reduction

The 2016 Summer Food Service Program (SFSP) began on May 23rd, and staff are currently delivering meals to 30 sites, with an anticipated 8 additional sites to be added during June. Meal counts are approximately 2,000 per day with an average of 45% of the meals being breakfast and 55% lunch. Site supervisors and staff from all sites have been trained on the required procedures of the SFSP. LLCHD staff visit each site before beginning operation and during the first and fourth weeks of operation to ensure that procedures are accurately followed. The 2016 SFSP will operate for 12 weeks, from May 23rd through August 12th. The SFSP is an extension of the USDA's school food program and is administered through the Nebraska Department of Education. Information on sites, dates, and times of service of the SFSP can be found at the website, Lincoln.ne.gov keyword "summer food".

Approximately 250 students and family members of Kloefkorn Elementary School received pedestrian and bicycle safety information at the school's annual fitness event on May 7. Of the more than 125 bikes used in the bike skills station, over 60 were found to have ineffective brakes. The youth were directed to take their bikes to a tent staffed by a mechanic from Bike Rack who corrected the problems. Mechanics from Bike Rack and Cycle Works have donated their time to assist with biking events at multiple elementary schools including Prescott, Sheridan, Pyrtle, and Kloefkorn.

Staff was featured in the May edition of the "Shape of the City" program of Channel 10 Health and provided information on The National Bike Challenge, Bike to Work Week, Bike to School

Day and other bicycling events. Staff also talked about the National Bike Challenge and Bike to Work Week on a noon-time forum on KLKN Channel 8.

Injury Prevention

Staff coordinated car seat check events at Honda of Lincoln and at Community Action of Lancaster and Saunders Counties. Twenty-five certified child passenger safety technicians checked 40 car seats between both events (each check requires 45 minutes of tech time and is reviewed by a 'senior checker' to ensure accuracy of installation). Thirteen seats were provided to families in need. These events were sponsored by SKLLC, the Nebraska office of Highway Safety, and Honda of Lincoln.

Staff conducted two Child Care Transportation trainings in May for 55 childcare workers who provide transportation to children attending the childcare centers.

Tobacco Prevention

Staff coordinated a tobacco retailer compliance check with the Lincoln Police Department and youth volunteers. There were two sales out of 48 attempts to purchase for a 96% compliance rate. Year-to-date, there have been 13 sales out of 131 attempts to purchase for a 90% compliance rate.

Powell Management has implemented a smoke free policy for the 24 living units of Branched Oak Apartments in Malcolm.

Additions to the Smoke Free Housing Registry:

144 units at Holmes Lake Apartments

147 units at Ashbrook by Broadmoor

120 units at HiPark Apartments

Total - 5,341 units are now listed on the registry